

Name in Full

Certificate of Death

Thomas Brown

Died at <sup>new</sup> Galena

County Kent

MARYLAND

Date 1908-7-9 Age 21 Y. M. D. Native of Kent Co. Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of  
Wife

Father's Name Thomas Brown

Mother's Maiden Name Mary Jane Wilmer

Cause of Death { Primary Pulmonary Tuberculosis  
 Immediate } How long sick about 7 months  
 Accident, Suicide, Homicide

Reported by

Edward A. Scott, M.D.  
Galena, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79009



Name  
in  
Full

Clara Cannon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Sandy Bottom* <sup>Town</sup>*Kent.* <sup>County</sup>Date of death *1905* <sup>Month</sup> *July**18* <sup>Day</sup>Age *75* <sup>Years</sup>

Months

Days

Sex *Female*Color or Race *Black*Birth-place *Kent. Co*Occupation *House work*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Samuel Cannon*Father's Name *William Tillman*Father's Birthplace *Kent. Co*Mother's Maiden Name *Patterson*Mother's Birthplace *Kent. Co*Name of person giving information *Samuel Cannon Jr.*How related to deceased *son*

## CAUSES OF DEATH

Primary *Myocarditis*How long *3 yrs.*Immediate *Exhaustion*How long *3 months*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Frank W. L. L. L.*Address *Steinbe.*Accident or Suicide? *Ind*

Sandy Bottom

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sophia Jones Cuck

Died at *Near Galena*

Town

County

*Kent*

MARYLAND

Date of death *1905* *July*

Month

Day *20<sup>th</sup>*

Day

Age

Years

*36*

Months

Days

Sex *Female*Color or  
Race*Negro*Birth-  
place*Kent Co md*Occupation  
*Housewife*Where Residing if not  
at place of deathMarried, Single or Widowed *Married*Name of Wife or  
Husband*Henry Cuck*Father's Name  
*Junious Jones*Father's Birthplace  
*Kent Co md*Mother's Maiden Name  
*Annie Hard*Mother's Birthplace  
*Kent Co ..*Name of person giving  
In formation  
*Henry Cuck*How related  
to deceased  
*Husband*

## CAUSES OF DEATH

Primary

How long

Immediate *Supposed Apoplexy*

How long

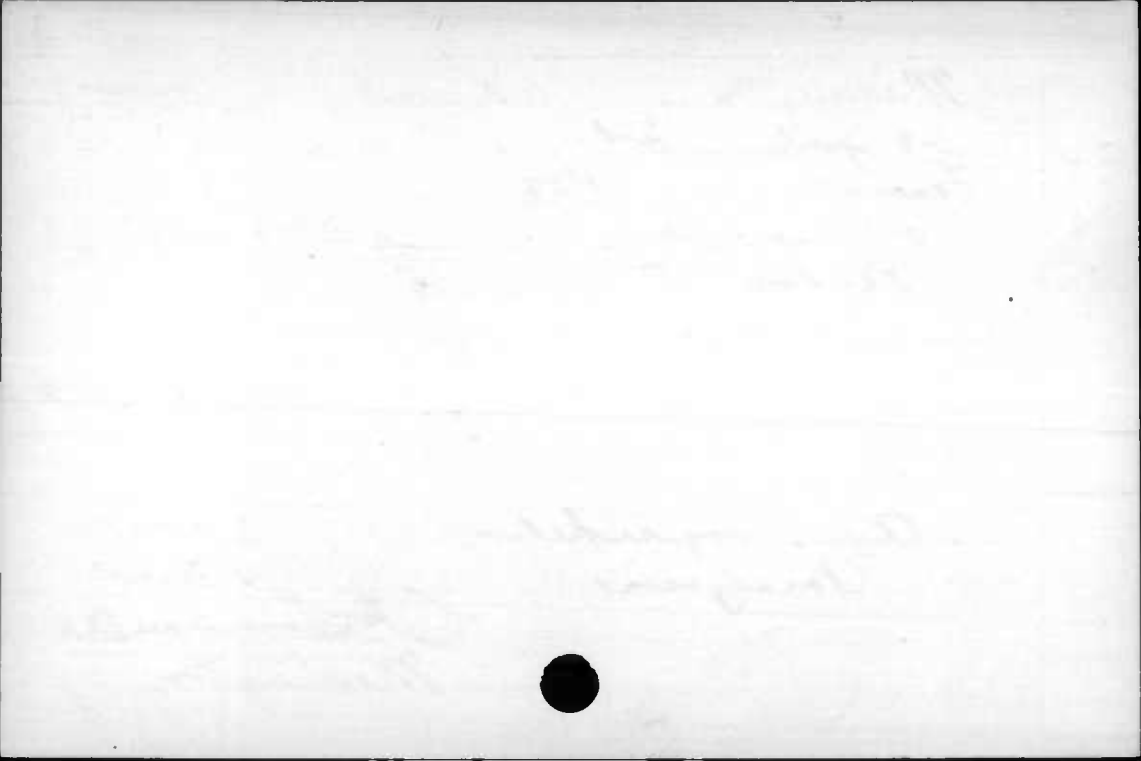
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Henry Parr acting coroner  
Galena md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

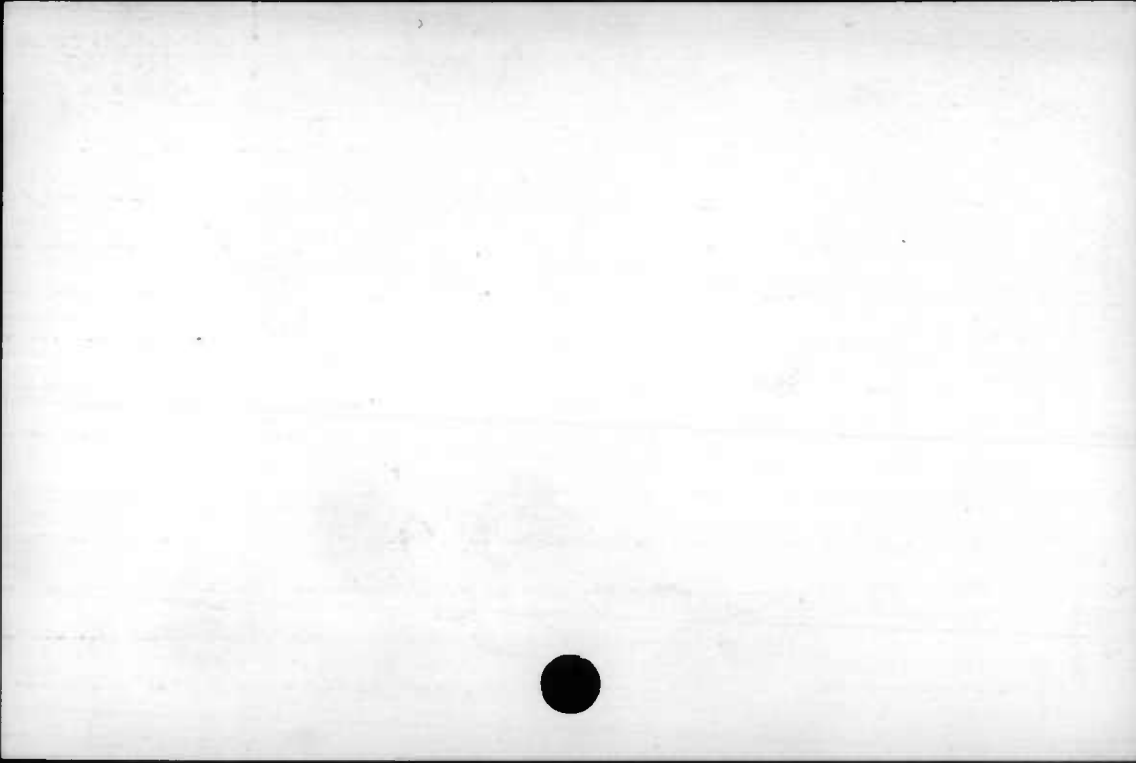
MARYLAND

Died at <i>Millington</i> <sup>Town</sup>		<i>Reese</i> <sup>County</sup>	
Date of death <i>1900</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>3rd</i> <sup>Age</sup>	Years		Months
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place	
Occupation <i>House work</i>	Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>Widow</i>	Name of <del>Wife</del> or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acq. Erysipelas</i>	How long <i>6 weeks</i>
Immediate <i>Paralysis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. P. Towne M.D.</i>
<i>Yes</i>	Address <i>Millington Md</i>
Accident or Suicide?	





Name  
in  
Full

Averilia Chambers

## CERTIFICATE OF DEATH

MARYLAND

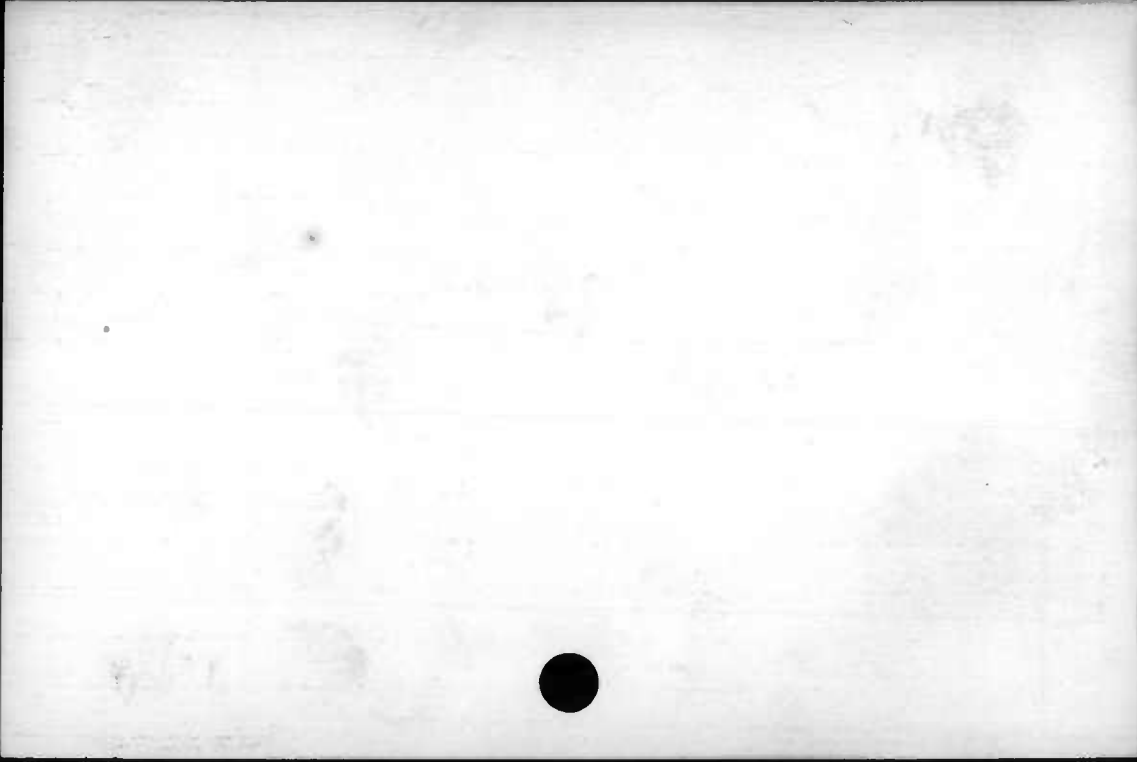
Died at *Sander Bottom* Town *Neen Haples* County *Kent*Date of death *1903* Month *July* Day *10* Age *18* Months *7* DaysSex *Female* Color or Race *Black* Birth-place *Maryland*Occupation *House Work* Where Residing if not at place of death *Kent Co Md*Married, Single or Widowed *Married* Name of Wife or Husband *Darius Chambers*Father's Name *Emory Ward* Father's Birthplace *Kent Co Md*Mother's Maiden Name *Effie Wright* Mother's Birthplace *—*Name of person giving information *Louisa Henry* How related to deceased *Aunt*

## CAUSES OF DEATH

Primary *Septicemia* How longImmediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. R. Beall M.D.*  
Address *Rock Hall Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Sadie Comegys				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1905		July	4	16		
	Sex	Color or Race		Birth-place			
	Female	Black		Maryland			
	Occupation	Where Residing if not at place of death					
	House Girl	at-home					
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Father's Birthplace						
Ben. Comegys	Maryland						
Mother's Maiden Name	Mother's Birthplace						
Hennetta Butler	"						
Name of person giving information	How related to deceased						
Richard Seney	not at all						
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Don't know				9 months		
	Immediate				How long		
	fulgury from history given Tuberculosis				"		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
yes				H. B. Seney			
				Address			
				Chesterhouse Md			
Accident or Suicide?				per J. W. Seney			

Bulletin

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary Lizzie Crew

Died at *Near Chester* Town *Bent* County

MARYLAND

Date of death *1905* Month *July* Day *17* Age *10* Years Months DaysSex *Female* Color or Race *White* Birth-place *Near Chester*Occupation *---* Where Residing if not at place of death *---*Married, Single or Widowed *---*Name of Wife or Husband *---*Father's Name *John E. Crew*Father's Birthplace *Ind.*Mother's Maiden Name *Ida Fitter*Mother's Birthplace *"*Name of person giving information *John E. Crew*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Teething & change of diet -* How long *Two weeks*Immediate *Convulsions* How long *Three days*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *E. W. Semmunt.*Address *Sudlersville*Accident or Suicide? *---*

Still Point

Name  
in  
Full

## CERTIFICATE OF DEATH

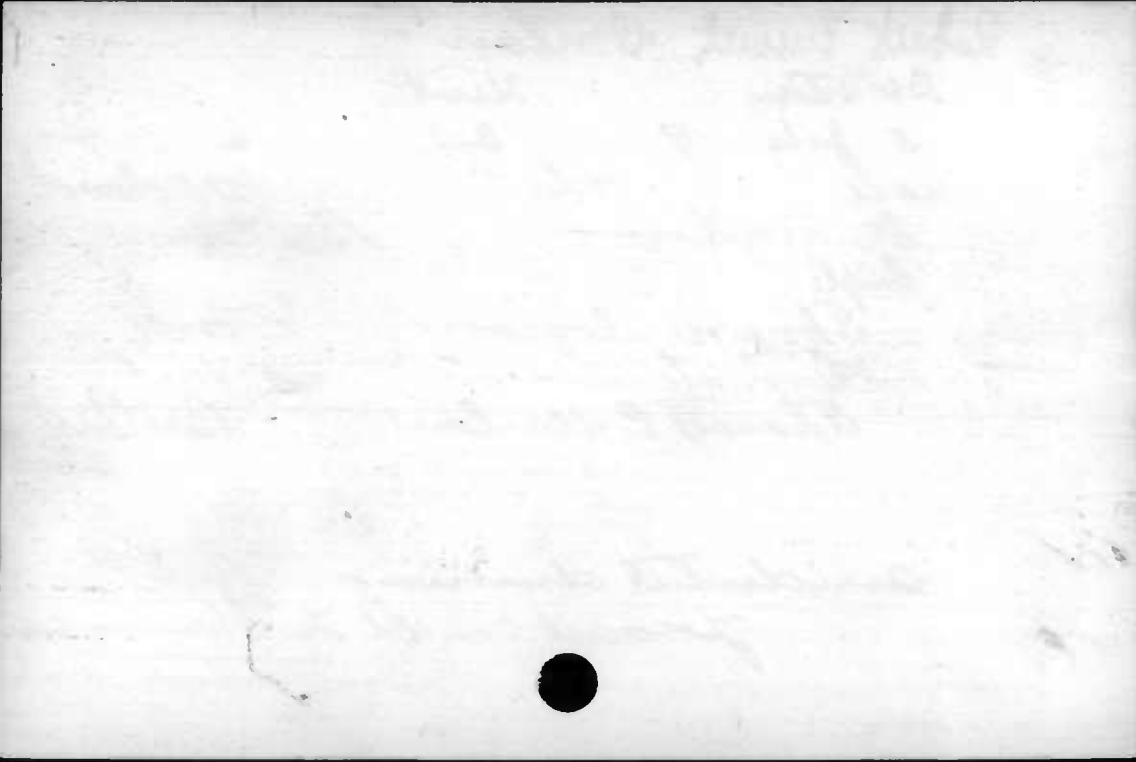
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pine Creek</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	July	Day	29
Age		Years		Months	2 weeks
Sex	Male		Color or Race	White	
Birth-place	<i>Pine Creek Md</i>				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>James A. Branch</i>		
Mother's Maiden Name			<i>Mary E Jones</i>		
Name of person giving information			<i>Father</i>		
Father's Birthplace			<i>Kent Co Md</i>		
Mother's Birthplace			"		
How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>7 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>W. W. Beall M.D.</i>	
Address		<i>Rock Hall Md</i>	
Accident or Suicide?			





Name  
in  
Full

Robert Emmet Donlan

CERTIFICATE OF DEATH

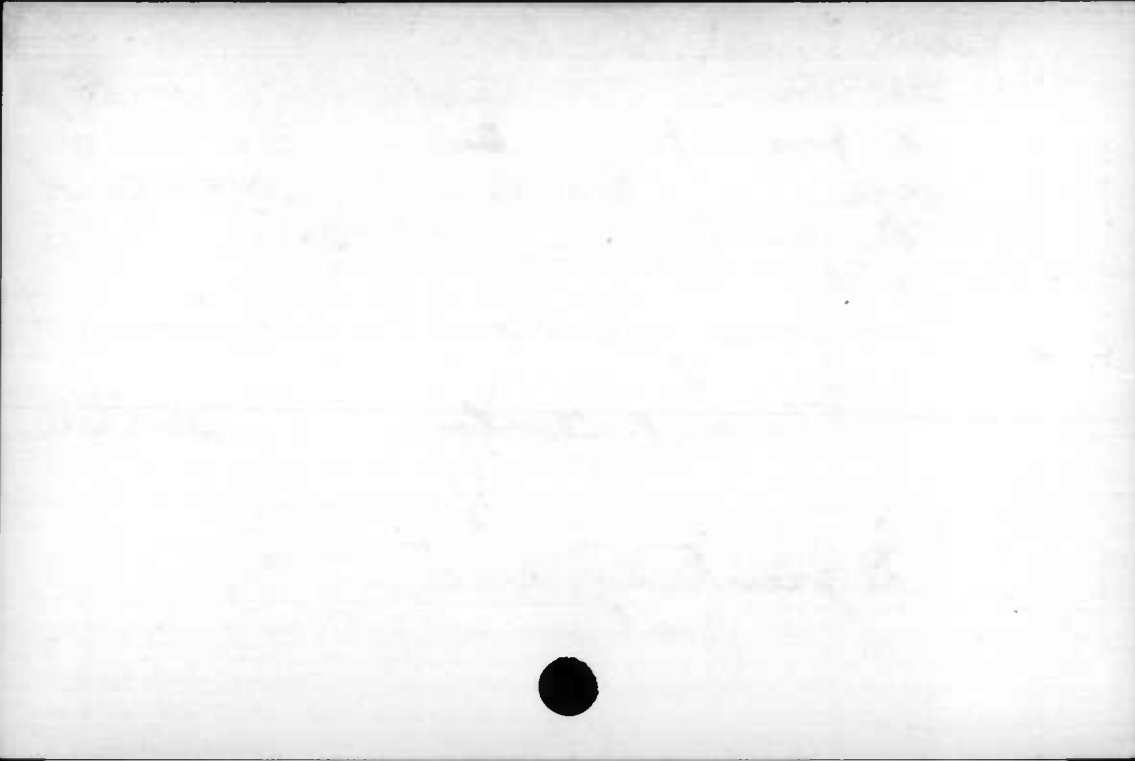
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Betherton</i> <sup>Town</sup>		<i>Hunt</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>9</i>	Age	<i>20</i> <sup>Years</sup>	Months	<i>6</i> <sup>Days</sup> <i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Stenographer</i>	Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Thomas Donlan</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Gertude Smith</i>			Mother's Birthplace	<i>Va</i>
Name of person giving information	<i>Thomas P. Donlan</i>			How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Accidental drowning</i>	How long	
Immediate	<i>Accidental drowning</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. L. Harris</i>	
		Address <i>Betherton Ind.</i>	
Accident <i>—</i> <i>—</i> <i>—</i>			



Name in Full		Annile Dorsey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Still Pond		Kent		MARYLAND	
	Date of death	1905	July	7	Age	80	Months — Days —
	Sex	female		Color or Race	Black		Birth-place
	Occupation	House wife		Where Residing if not at place of death			
	Married, Single or Widowed	Widow		Name of Wife or Husband			
	Father's Name	Thomas Chasle				Father's Birthplace	md
	Mother's Maiden Name	Mary Forman				Mother's Birthplace	md
	Name of person giving information	Linda Redding				How related to deceased	Daughter
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Dysentary				How long	(14)
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					L. P. Atwell M.D. Still Pond md.		
Accident or Suicide?							

Mr. Still Pond

Name  
in  
Full

Wm Nelson Faulkner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pomona</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1905</u> <sup>Year</sup>	<u>July</u> <sup>Month</sup>	<u>5</u> <sup>Day</sup>	Age	<u>1</u> <sup>Years</sup>
					<u>3</u> <sup>Months</sup>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Milton W. Faulkner</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Laura Harris</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Wm L. Faulkner</u>			How related to deceased	<u>Grand father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Diarrhoea</u>	How long	<u>2 weeks</u>
Immediate	<u>Convulsions, cyanosis</u>	How long	<u>one day</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. G. Deane</u>
		Address	<u>Chestertown</u>
Accident or Suicide?	<u>No</u>		



Name  
in  
Full

Samuel G. Ferrrell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

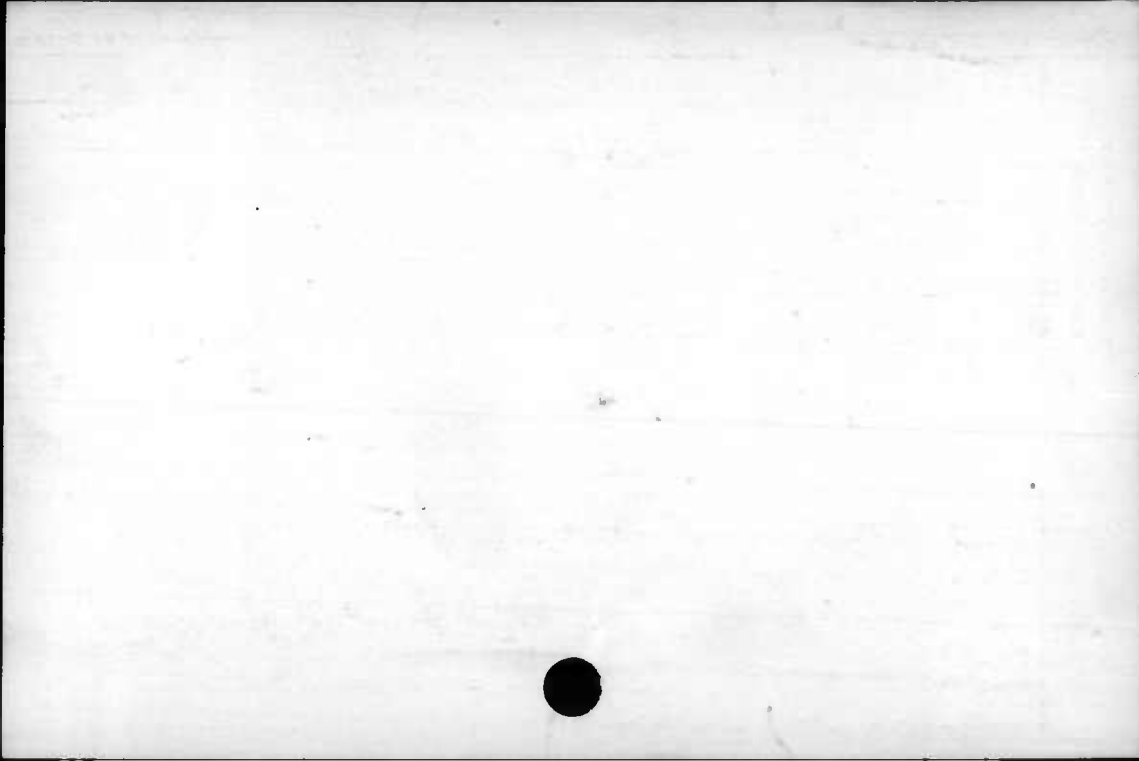
MARYLAND

Died at <i>Millington</i> <sup>Town</sup>		<i>Keok</i> <sup>County</sup>			
Date of death <i>1905</i>	<i>July</i> <sup>Month</sup>	<i>14</i> <sup>Day</sup>	<i>1</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Queen Anne's Co</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Ferrrell</i>		Father's Birthplace <i>Queen Anne's Co</i>			
Mother's Maiden Name <i>Anna Ferrrell</i>		Mother's Birthplace <i>Keok Co.</i>			
Name of person giving information <i>Charles Ferrrell</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enteritis</i>	How long <i>2 Weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. P. Gourneau MD</i>
<i>Yes</i>	Address <i>Millington Md.</i>
Accident or Suicide? <i>—</i>	





Name

in  
Full

Minnie Ganes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Rock Hall<sup>County</sup> Kent

MARYLAND

Date

of death 1905

Month

July

Day

8

Age

Years

32

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

House wife

Where Residing if not  
at place of death

Kent co Md

Married, ~~Single~~  
or ~~Widowed~~

Married

Name of ~~Wife or~~  
Husband

Walter Ganes

Father's  
Name

Emanuel Dudley

Father's  
Birthplace

Kent co Md

Mother's  
Maiden Name

Elsie Smallwood

Mother's  
Birthplace

Kent co Md

Name of person giving  
In formation

William H Tilman

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Supposed to be Consumption

How long

Immediate

He has not been in attendance

How long

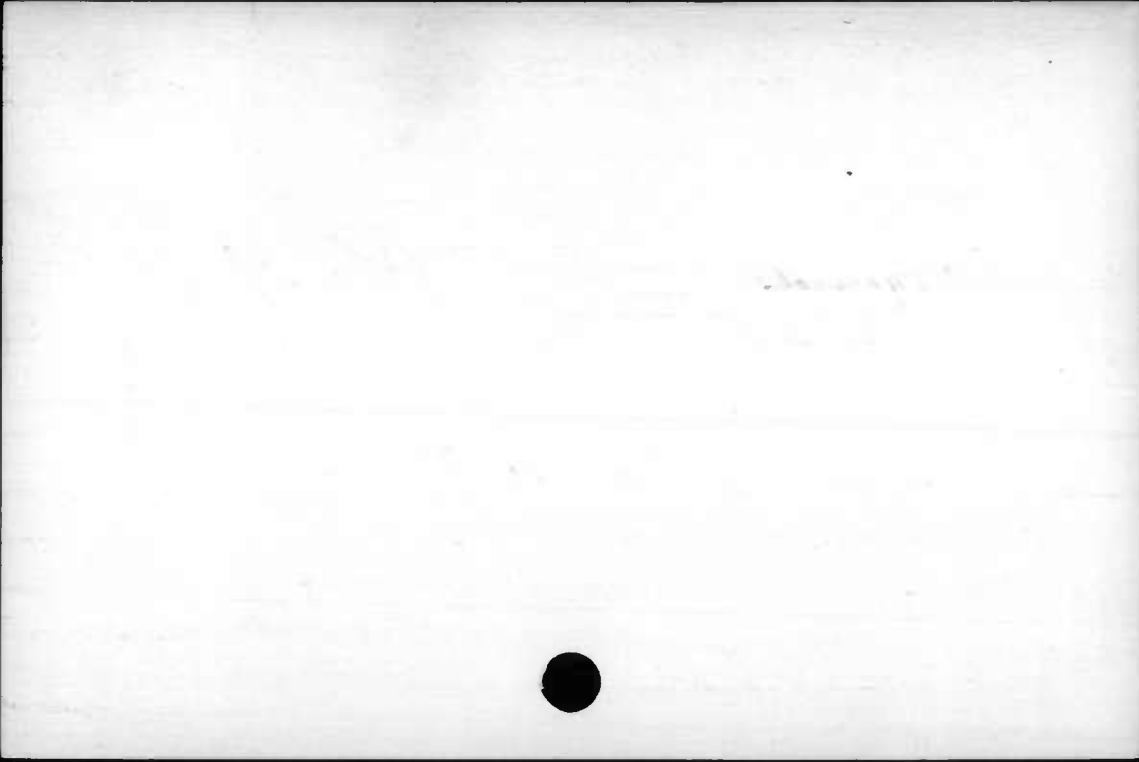
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. M. Satterfield S. R.  
Rock Hall Md

Accident or Suicide?

Died Suddenly



Name  
in  
Full

Pilar Givens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *St. Paul* <sup>Town</sup> *near**Kent* <sup>County</sup>Date  
of death *1905* <sup>Month</sup> *July*

Day

*21*

Age

Years

Months

*10*

Days

*1*Sex *Male*Color or  
Race*Black*Birth-  
place*J. P. near*

Occupation

*—*Where Residing if not  
at place of death*—*

Married, Single

*Single*

Name of Wife or

Husband

Father's  
Name*Frank Givens*Father's  
Birthplace*MD.*Mother's  
Maiden Name*Isabella Cotton*Mother's  
Birthplace*MD.*Name of person giving  
In formation*Isabella Givens*How related  
to deceased*Master*

## CAUSES OF DEATH

Primary

*Euthanasia*

How long

*2 days*

Immediate

How long

*—*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*J. W. Robertson*  
*St. Paul, MD.*

Accident or Suicide?

~~State A. B.~~

Coleman

Name  
in  
Full

Archer Kerr Hepbron

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Worton TownKent County

MARYLAND

Date of death 1905 Month JulyDay 24Age 20 YearsMonths —Days —Sex MaleColor or Race WhiteBirth-place IndOccupation StudentWhere Residing if not at place of death BaltimoreMarried, Single or Widowed SingleName of Wife or Husband —Father's Name Archer M. HepbronFather's Birthplace IndMother's Maiden Name Lida MerrittMother's Birthplace IndName of person giving information " "How related to deceased Mother

## CAUSES OF DEATH

Primary

How long

Immediate Drowned

How long

Are the name, age, sex, color, date and place correctly given above? yes.Signature of Physician L. P. Atwell M.D.Address Still PondAccident or Suicide? Ind

Shrewsbury.

Name  
in  
Full

Louise Powell Holland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cher</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>July</i> <sup>Month</sup>	<i>19</i> <sup>Day</sup>	<i>1</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>Cherestown</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John R Holland</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Powell</i>			Mother's Birthplace <i>Montgomery Co</i>		
Name of person giving information <i>John R Powell</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Shes colitis</i>	How long <i>One week</i>
Immediate <i>Exhaustion from heat</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H G Simpson</i>
	Address <i>Cherestown, Md</i>
Accident or Suicide? <i>No</i>	

Federalburg  
Caroline Co



Name  
in  
Full

Bessie Hollins

CERTIFICATE OF DEATH

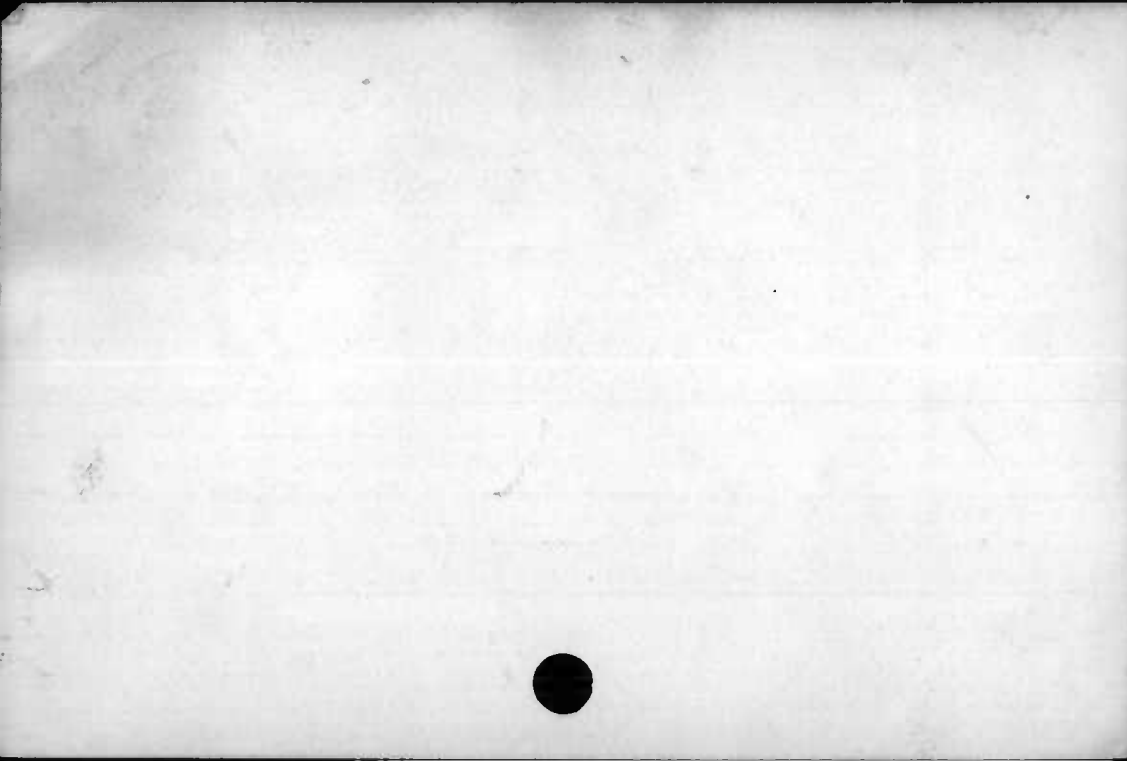
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Buttertown</i>		County <i>Kent</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>11</i>	Years <i>15</i>	Months <i>11</i>	Days <i>6</i>	
Sex	<i>female</i>	Color or Race	<i>colored</i>		Birth-place	<i>Buttertown</i>	
Occupation	<i>housework</i>		Where Residing if not at place of death		<i>Buttertown</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>John R. Hollins</i>				Father's Birthplace	<i>Caroline</i>	
Mother's Maiden Name	<i>Mary Ho, dead</i>				Mother's Birthplace	<i>Buttertown</i>	
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart-failure</i>	How long	<i>1 yr.</i>
Immediate	<i>yes</i>	How long	<i>179</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr. J. Stanfords</i>
		Address	<i>Phila.</i>
			<i>4103 Sanson St. Pa.</i>
Accident or Suicide?			



Name  
in  
Full

Edw. E. &amp; Johnson

## CERTIFICATE OF DEATH

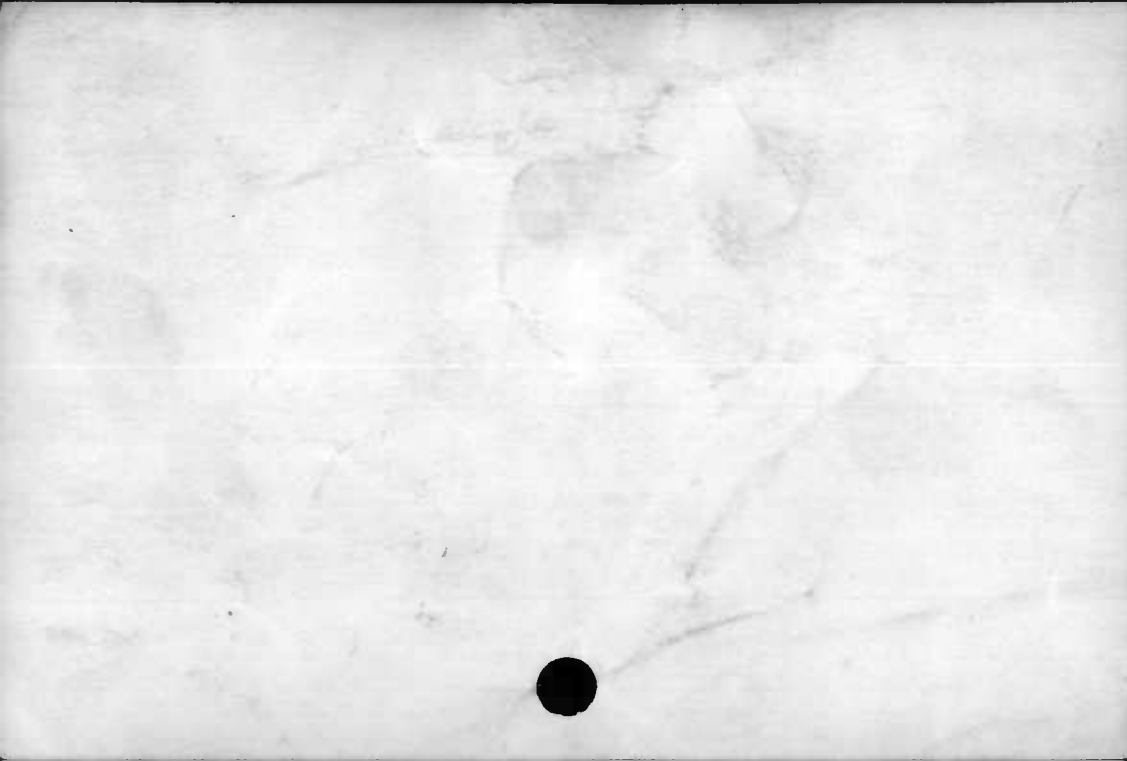
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lumberton</i> <sup>Town</sup>		<i>Wint</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Month</sup>	<i>July</i> <sup>Day</sup>	<i>16</i> <sup>Age</sup>	<i>1</i> <sup>Years</sup>	<i>6</i> <sup>Months</sup>
Sex	<i>Male</i>	Color or Race	<i>Col</i>	Birth-place	<i>Med</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Essie R Johnson</i>		Father's Birthplace
Mother's Maiden Name			<i>Lizzie Wilson</i>		Mother's Birthplace
Name of person giving information			<i>E R Johnson</i>		How related to deceased
			<i>father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	<i>Conscious</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>
Signature of Physician	<i>No Dr attending</i>
Address	<i>H. G. Simpson Sec</i>
Accident or Suicide?	<i>No</i>
	<i>Local Board of Health</i>



Name  
in  
Full

CERTIFICATE OF DEATH

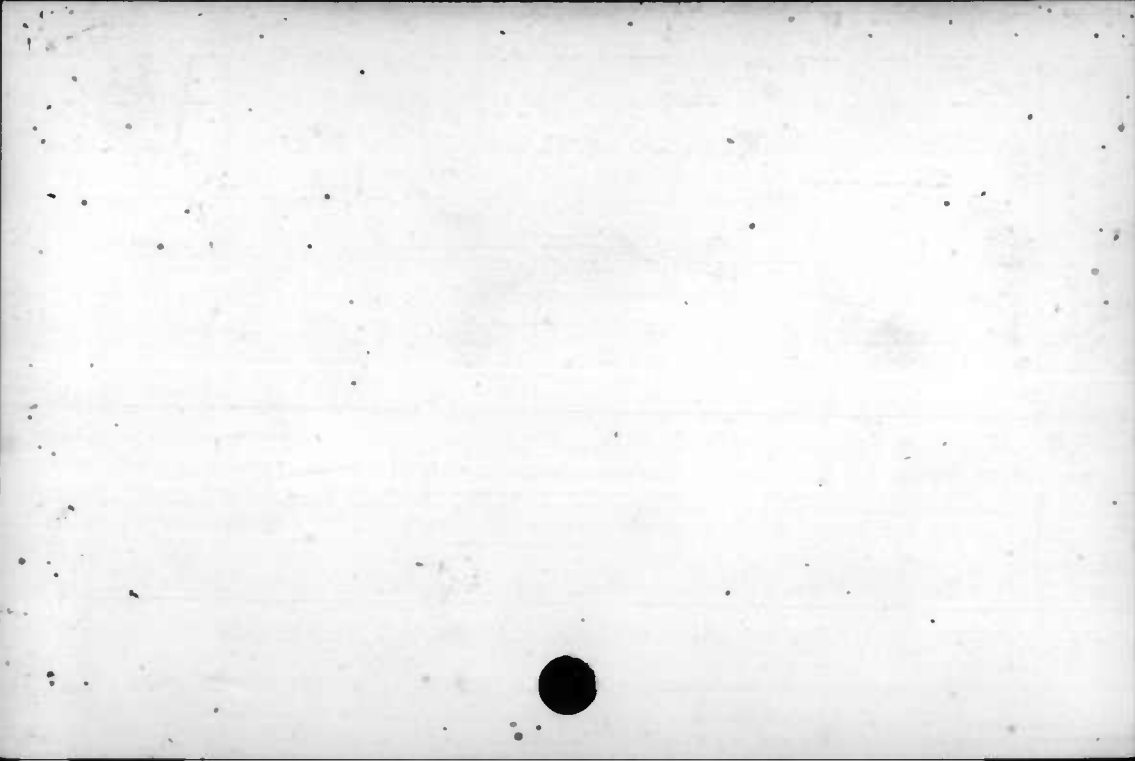
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		5	28			5	24
Sex	Male	Color or Race	White			Birth-place	Ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Wm C. Jones				Del			
Mother's Maiden Name				Mother's Birthplace			
Jennie M. Baker				Penna			
Name of person giving information				How related to deceased			
Wm C. Jones				Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Marasmus	Since birth
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	Dr W H Jacobs
Address	Wilmington Ind
Accident or Suicide?	



Name  
in  
Full

Winifred Harriet Kendall

CERTIFICATE OF DEATH

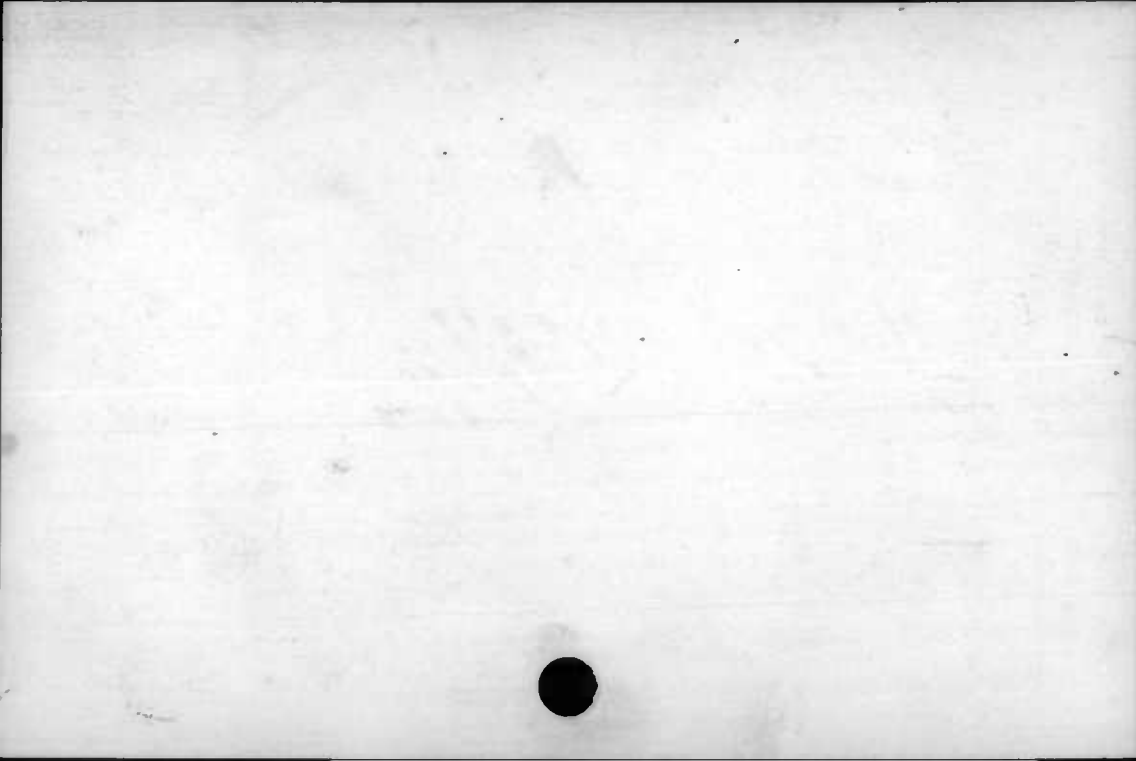
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Perry Neck</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Year</sup>	<i>July</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>14</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent-CO Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Henry S. Kendall</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Margie L. Apsley</i>		Mother's Birthplace <i>11</i>			
Name of person giving information <i>Henry S. Kendall</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsions</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. O. Kelly</i>
	Address <i>R. 1, Perry Neck, Md</i>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

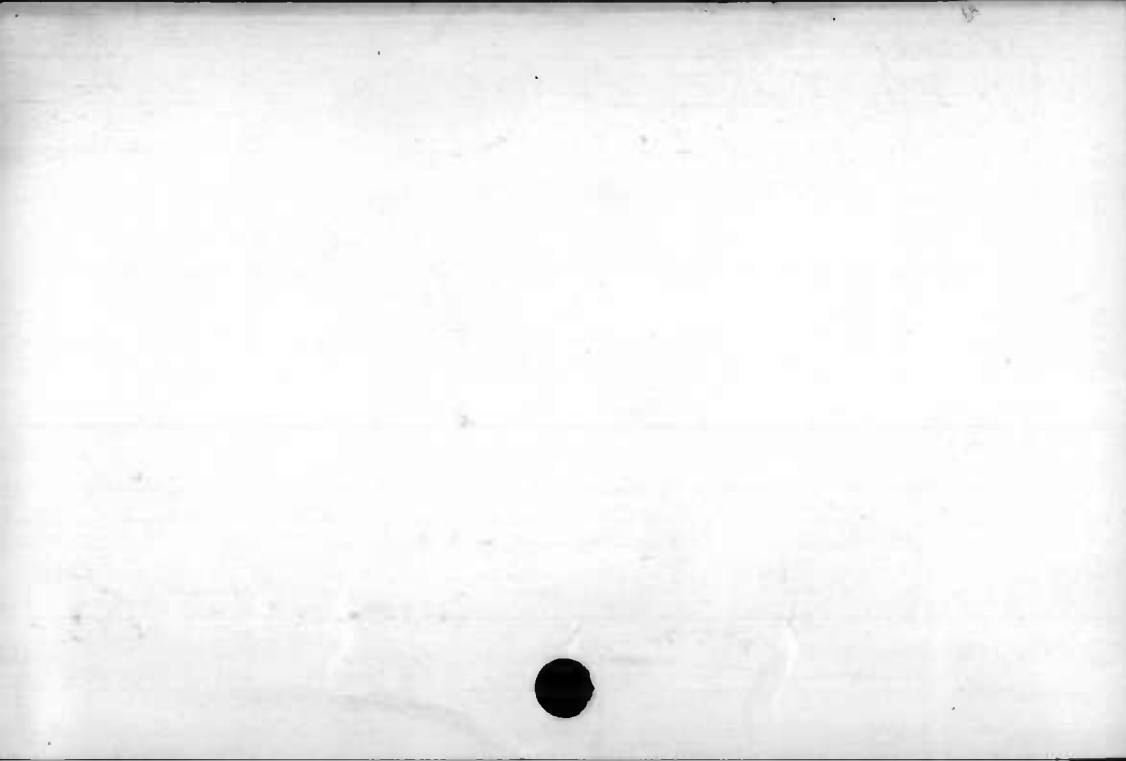
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Millington</i> <sup>Town</sup>		<i>Reich</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>20</i>	Age	<i>1</i> <sup>Years</sup>	<i>6</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Kent Co Md</i>
Occupation	<i></i>		Where Residing if not at place of death <i>At Home</i>		
Married, Single or Widowed	<i></i>	Name of Wife or Husband <i></i>			
Father's Name	<i>Edward Lockerman</i>			Father's Birthplace	<i>Queen Anne Co</i>
Mother's Maiden Name	<i>Ida Travers</i>			Mother's Birthplace	<i>Kent Co</i>
Name of person giving information	<i>Ed. Lockerman</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Difficult Parturition &amp; Spinal irritation</i>	How long	<i>7 Weeks</i>
Immediate	<i>Toxic Convulsion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. P. Gorman M.D.</i>
		Address	<i>Millington Reich</i>
Accident or Suicide? <i></i>			



Name  
in  
Full

Baby Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near</i> <sup>Town</sup> <i>brampton</i>		<sup>County</sup> <i>Kent Co</i>		MARYLAND	
Date of death <i>1905</i>	<sup>Month</sup> <i>July</i>	<sup>Day</sup> <i>7</i>	Age <i>—</i>	<sup>Years</sup> <i>—</i>	<sup>Months</sup> <i>3</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry Morris</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Cora Brown</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Henry Morris</i>		<i>19</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Congenital valvular insufficiency of heart</i>	How long <i>since birth</i>
Immediate <i>Exhaustion heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. B. Brown</i>
	Address <i>Kennedyville md.</i>
Accident or Suicide? <i>—</i>	

Still Pond

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Chestertown</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>July</i> <sup>Month</sup>	<i>12</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>12</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Chestertown</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Hilbur H Morris</i>			Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Maggie Hendrickson</i>			Mother's Birthplace <i>Kent Co.</i>		
Name of person giving information <i>Hilbur H Morris</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Compression of brain</i>	How long <i>from birth</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chestertown</i>
Accident or Suicide? <i>no</i>	<i>Md.</i>

Chilistown

Name  
in  
Full

Martha E. Price

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Coleman</u> Town		<u>Kent</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>25</u>	Age <u>—</u> Years	Months <u>4</u>	Days <u>15</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John F. Price</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Cora E. Larity</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Mrs Larity</u>			How related to deceased <u>Grandmother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Convulsions</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. P. Atwell M.D.</u>
	Address <u>Still Pond</u>
	<u>Ind.</u>
Accident or Suicide?	

Still Pond





Still Pond.

Name  
in  
Full

Oliver Scull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Morgue Town

Kent County

Date of death 1905

Month July

Day 23

Age

Years

Months 2

Days

Sex

male

Color or Race

white

Birth-place

Morgue

Occupation

Where Residing if not at place of death

Morgue

~~Married, Single or Widowed~~

Name of Wife or Husband

Father's Name

Olivia Scull

Father's Birthplace

New Jersey

Mother's Maiden Name

Elizabeth Powell

Mother's Birthplace

Delaware

Name of person giving information

Olivia Scull

How related to deceased

father

## CAUSES OF DEATH

Primary

Enteritis

How long

one week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. J. Jones, M.D.

Address

Perryville Md

~~Accident or Suicide?~~PHYSICIAN  
OR CORONER

Shrewsbury.

Name  
in  
Full

Frances A Sheets

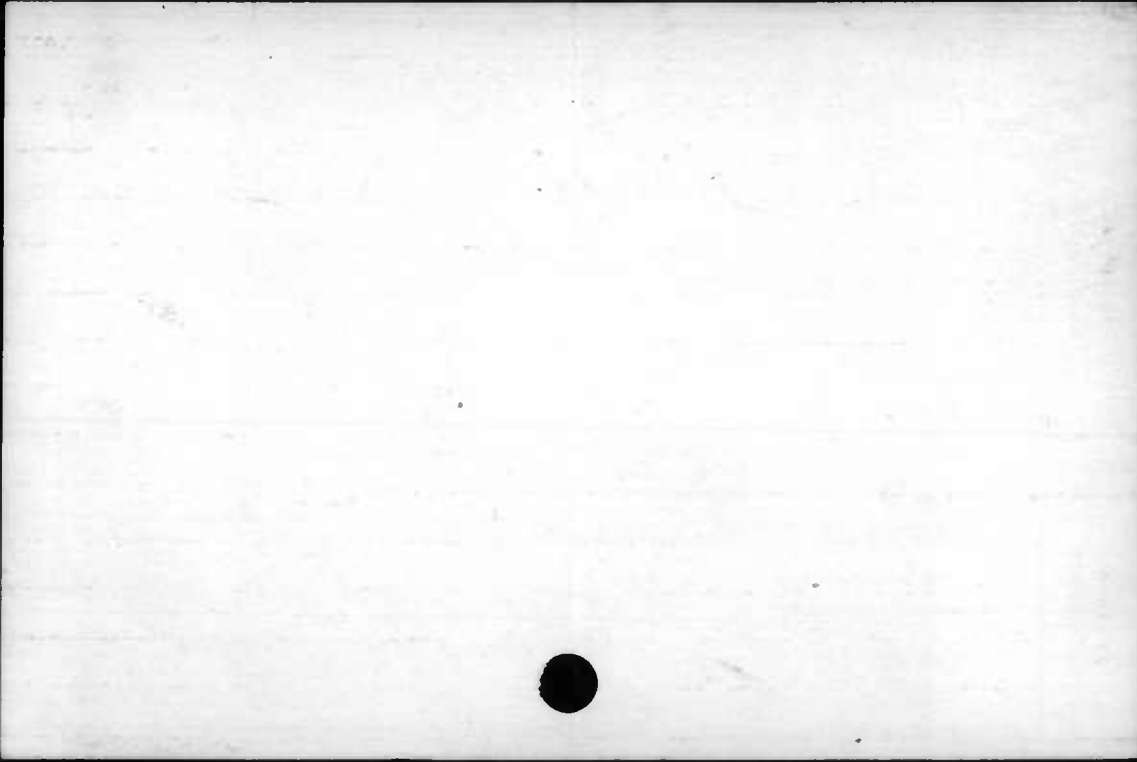
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Locust Grove</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>July</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age <i>87</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Philadelphia</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Locust Grove Md.</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Geo. J. Sheets</i>			
Father's Name <i>- Brown</i>		Father's Birthplace <i>Philadelphia</i>			
Mother's Maiden Name		Mother's Birthplace <i>Philadelphia</i>			
Name of person giving information <i>Audrey Medders</i>		How related to deceased <i>Son in law.</i>			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cancer of breast</i>	How long <i>5 yrs</i>	
	Immediate <i>Exhaustion</i>	How long <i>one week</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Irving Bernick</i>	
		Address <i>Kennedyville Md</i>	
	Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

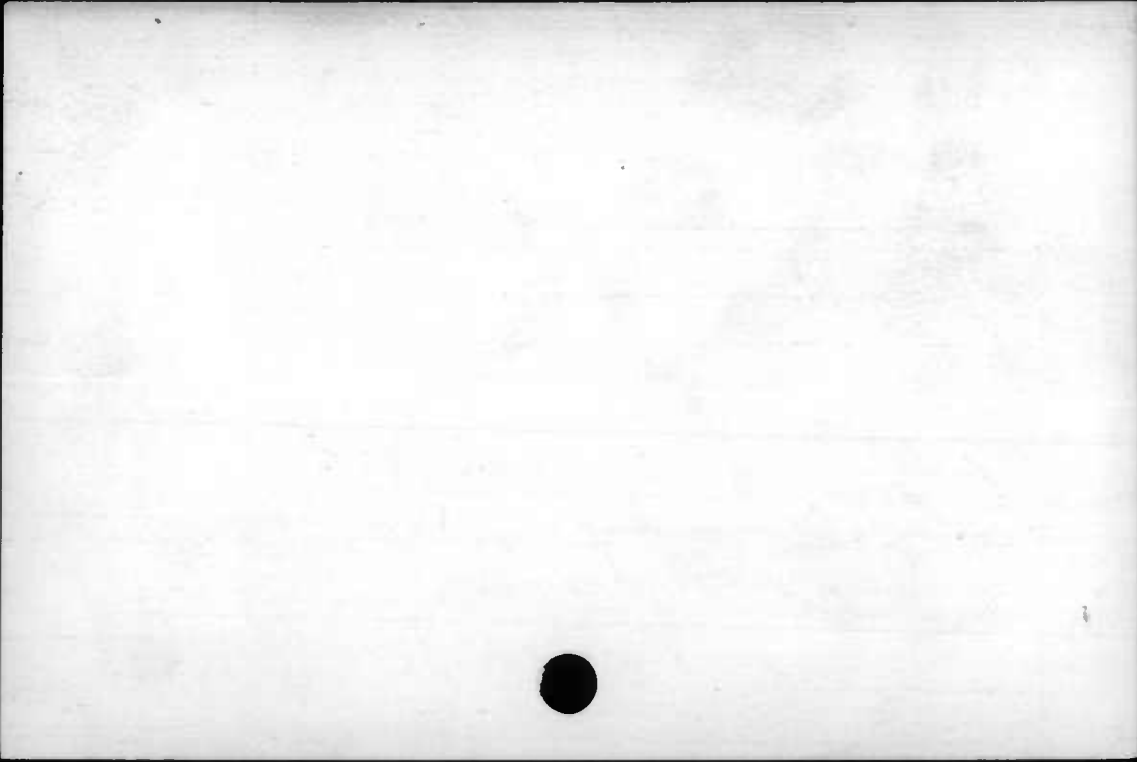
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpstown</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	1905	Month	<i>July</i>	Day	<i>17</i>
Age	<i>5</i>	Years		Months	
Sex	<i>Female</i>	Color of Race	<i>Colored</i>	Birth-place	<i>Kent les</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Robert Sisco</i>			Father's Birthplace	<i>Kent les</i>
Mother's Maiden Name	<i>Ida Brookins</i>			Mother's Birthplace	<i>Kent "</i>
Name of person giving information	<i>Thatcher</i>			How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Estivo Acute malarial Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. W. Beall M.D.</i>
		Address	<i>Rock Hill N.C.</i>
Accident or Suicide?			





Name  
in  
Full

~~Catherine~~ *Elizabeth Taylor*

CERTIFICATE OF DEATH

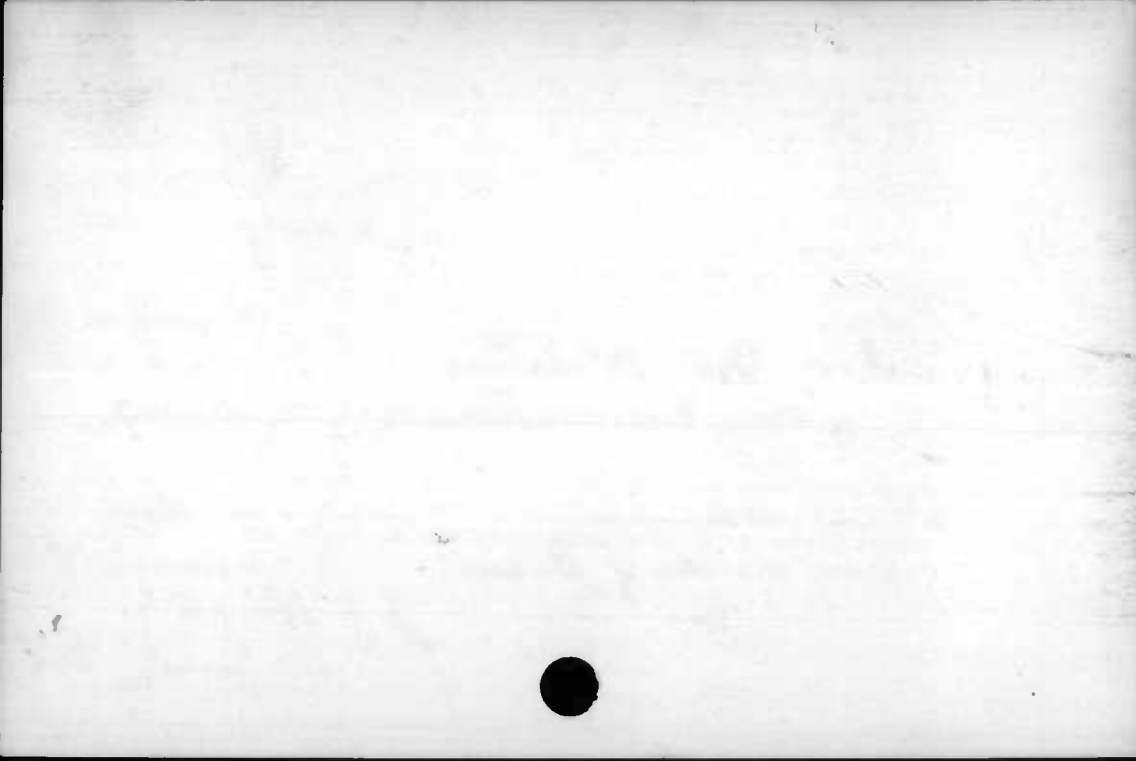
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rock Hall</i>		Town <i>Rock Hall</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>July</i>		Day <i>12</i>		Age <i>6 weeks</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>George W Taylor</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Lyla Hansner</i>		Mother's Birthplace <i>Balt Md</i>					
Name of person giving information <i>Samuel M Taylor</i>		How related to deceased <i>Grand Father</i>					

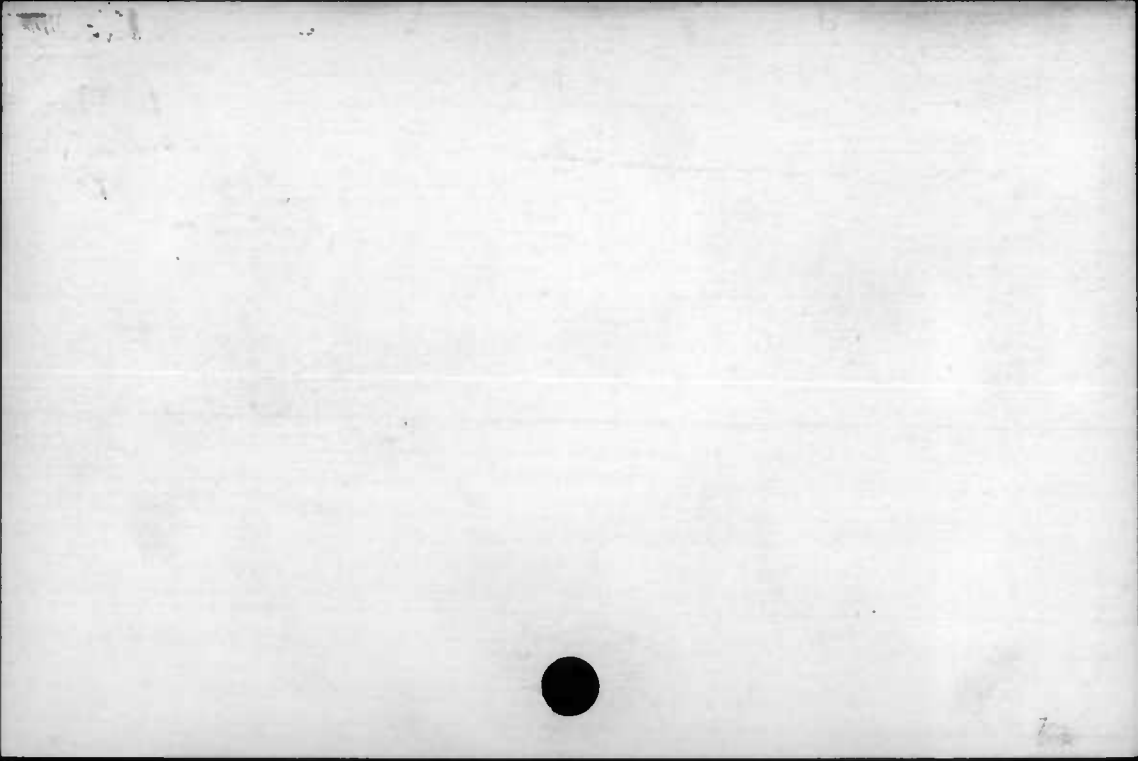
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>		(105) How long
Immediate	<i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician <i>John H. Beall M.D.</i>
			Address <i>Rock Hall Md</i>
Accident or Suicide?			



Name in Full		Ramen Thornley Thornley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Sassafras		County Kent		MARYLAND	
	Date of death	1905	Month July	Day 19	Age 3	Years 6	Months 0
	Sex	male		Color or Race	White American		Birth-place
	Occupation			Where Residing if not at place of death		Sassafras Md	
	Married, Single or Widowed	Single		Married, Widowed or Divorced			
	Father's Name	J. Ramen Thornley				Father's Birthplace	Sassafras Md
PHYSICIAN OR CORONER	Mother's Maiden Name	Ida Bill McInture				Mother's Birthplace	Galena Md
	Name of person giving information	John Ramen Thornley				How related to deceased	Father
	CAUSES OF DEATH						
	Primary	Heat Prostration				How long	1 day
Immediate	Congestion of Brain				How long	instantaneous	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. J. Knight	
				Address		Harwood Md	
Accident or Suicide?							



Name  
in  
Full

Richard Henry Tilghman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> near Rock Hall<sup>County</sup> Kent

MARYLAND

Date

of death 1905

Month

July

Day

31

Age

Years

—

Months

15

Days

—

Sex

Male

Color or  
Race

Black

Birth-  
place

Kent Co Md

Occupation

—

Where Residing if not  
at place of death

— 11

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

William H Tilghman

Father's  
Birthplace

Kent Co Md

Mother's  
Maiden Name

Ada Haysen

Mother's  
Birthplace

Kent Co Md

Name of person giving  
information

William H Tilghman

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Natural Causes Supposed to be

How long

Immediate

No Dr attending

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

J. M. Satterfield, Sub. Regt.

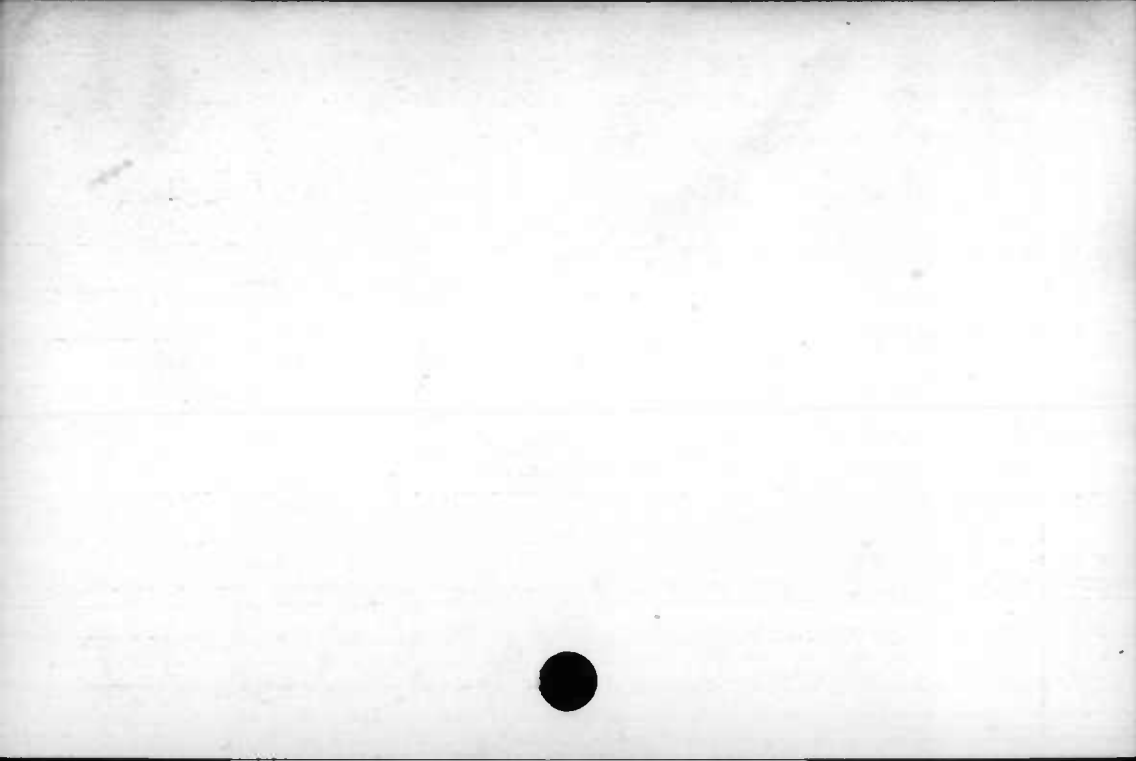
Address

Rock Hall

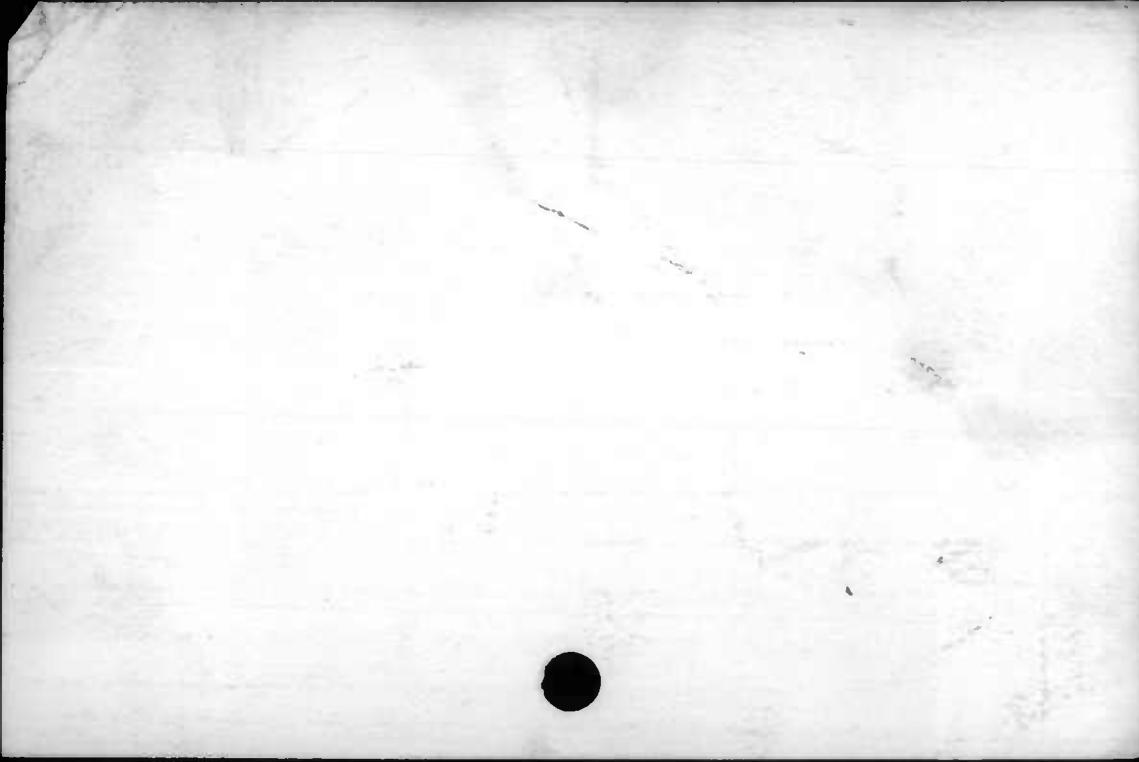
Accident or Suicide?

Md

PHYSICIAN  
OR CORONER

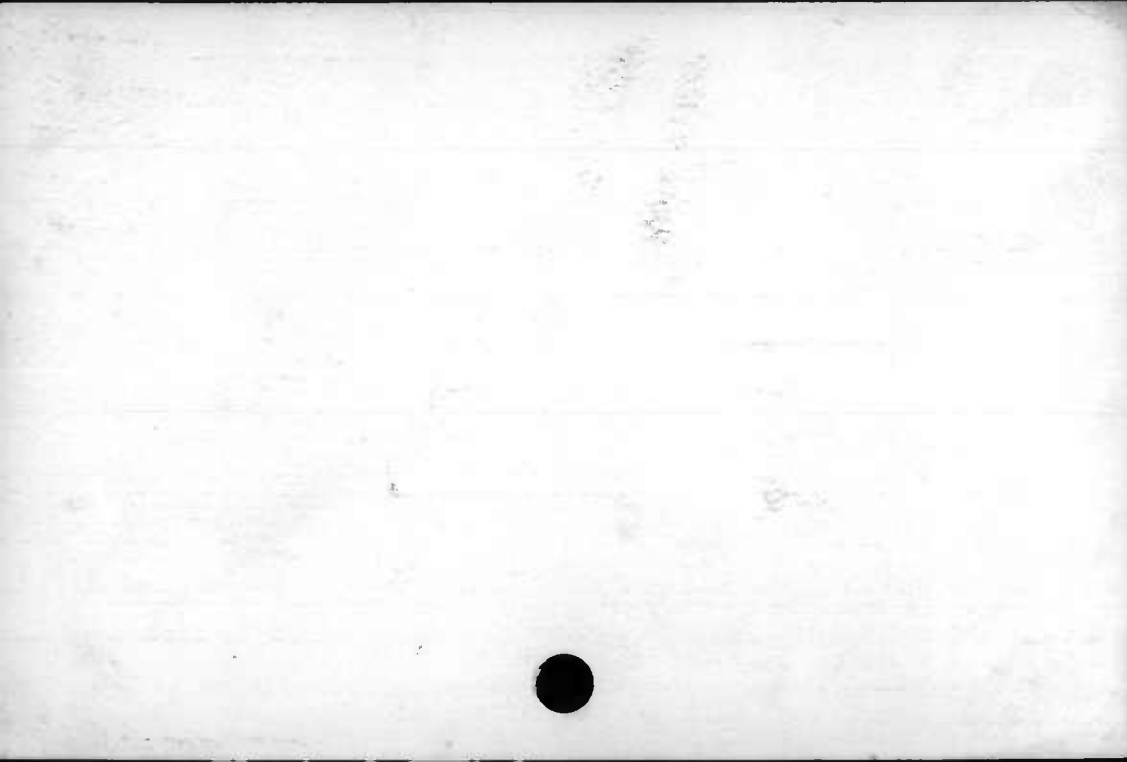








Name in Full		CERTIFICATE OF DEATH			
Lewi Ward		Town Edesville		County Kent	
Died at		TOWN		COUNTY	
Date of death		Month	Day	Age	Years
1905		July	27	10	
Sex		Color or Race		Birthplace	
Male		Blk		Kent Co Maryland	
Occupation		Where Residing if not place of death			
		Home			
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
Louis Henry Ward		Maryland			
Mother's Maiden Name		Mother's Birthplace			
Adaline Perryman		Maryland			
Name of person giving information		How related to deceased			
Samuel Kennard		Step Father			
CAUSES OF DEATH					
Primary		How long			
Typhoid Fever		11 days			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Address			
		Edesville P.O.			
		Kent Co Md			
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

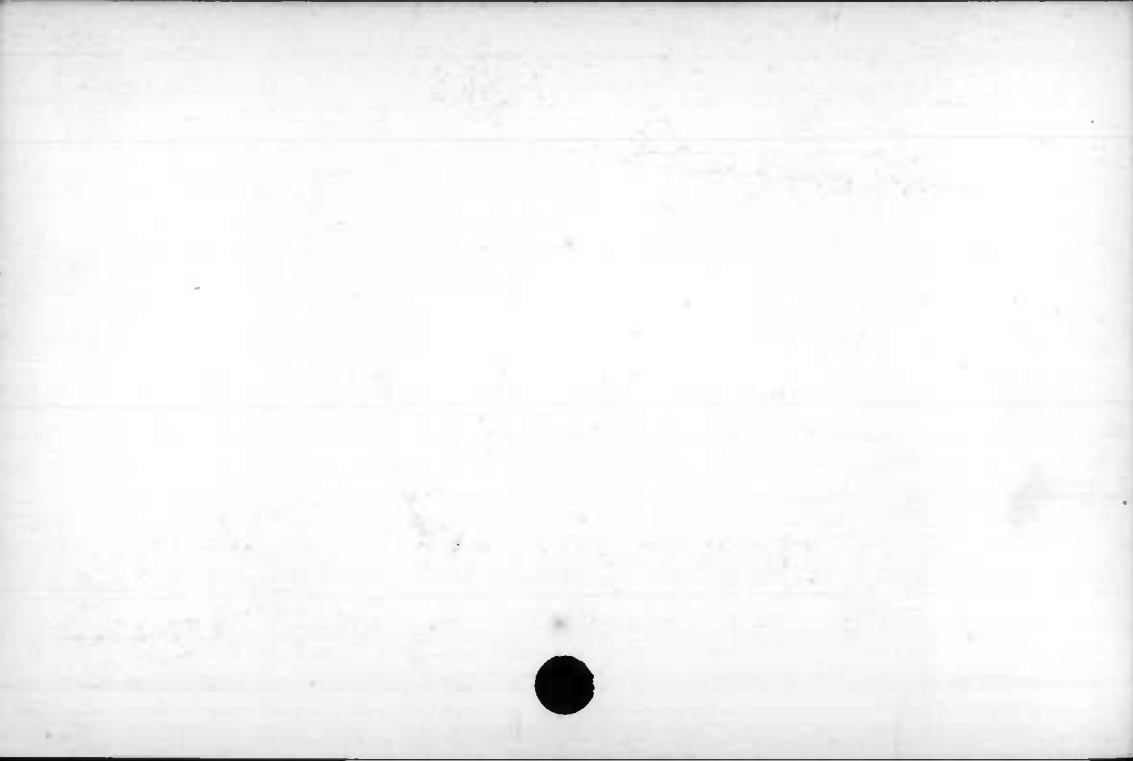
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John White</b>		Town <b>Millington</b>		County <b>Keokuk</b>		MARYLAND	
Died at <b>Millington</b>		Month <b>July</b>		Day <b>30</b>		Age <b>16</b>	
Date of death <b>1905</b>		Month <b>July</b>		Day <b>30</b>		Months <b>3</b>	
Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>Keokuk Co</b>		Days	
Occupation <b>Farm laborer</b>		Where Residing if not at place of death <b>At home</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband					
Father's Name <b>John White Sr</b>		Father's Birthplace <b>Keokuk Co.</b>					
Mother's Maiden Name <b>Mary Lawrence</b>		Mother's Birthplace <b>Keokuk Co</b>					
Name of person giving information <b>Mary L. White</b>		How related to deceased <b>Mother</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Natural causes</b>		How long <b>5 months</b>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>C. P. Townman M.D.</b>	
		Address <b>Geo. C. Townman act coroner</b>	
Accident or Suicide?			



Name  
in  
Full

*Joseph H. Willis*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cheltenham</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>23</i>	Age <i>22</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>Librarian</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Willis</i>				
Father's Name <i>Sam Willis</i>	Father's Birthplace <i>Kent Co Md</i>		Mother's Birthplace <i>Kent Co Md</i>		
Mother's Maiden Name <i>Sarah Riley</i>	Name of person giving information <i>Sam Willis</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Cheltenham Md</i>
Accident or Suicide? <i>—</i>	

Quaker Hacks

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Charleston</i> Town		County <i>Kent</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>21</i>	Age <i>Still Born</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Charleston Md.</i>		
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Emmanuel Wright</i>		Father's Birthplace <i>Kent Co Md.</i>			
Mother's Maiden Name <i>Mary Ann. Lindsey</i>		Mother's Birthplace <i>Kent Co Md.</i>			
Name of person giving information <i>Emmanuel Wright</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. Haland, M.D.</i>
	Address <i>Charleston Md.</i>
Accident or Suicide?	

